

## Colorado Marijuana Enforcement Division

### Renewal Support Employee Application Instructions

#### ***APPLICATION CHECKLIST***

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | <b>1 Application Completed &amp; Signed</b><br>Type or clearly print an answer to every question. If a question does not apply to you, indicate so with N/A. If the space is insufficient, continue on a separate sheet and precede each answer with the appropriate title. Sign and date the application.<br><br><b>Notice:</b> You are required by state law to provide your social security number. If you do not have a social security number, you must complete a sworn statement stating you do not have a social security number. |
| <input type="checkbox"/> | <b>2 Proof of Identity</b><br>Under Colorado law, you must provide a copy of a CO driver's license or ID.   |
| <input type="checkbox"/> | <b>3 Application Fee</b><br>Submit a NON-REFUNDABLE application fee for a two-year license.<br>Please see fee table for current fees at <a href="http://www.colorado.gov/revenue/med">www.colorado.gov/revenue/med</a><br>Check or money order accepted. Make check or money order payable to:<br>Colorado Department of Revenue (DOR)  |
| <input type="checkbox"/> | <b>4 Mail Application</b><br>Mail in application and all attachments to: Marijuana Enforcement Division<br>455 Sherman Street, Suite 390<br>Denver, CO 80203  |

## Renewal Support License Application Form

Applicant's Last Name (Please Print)		First Name		Full Middle Name	
Maiden/Married Names Used (Full Name) (Attach separate sheet if necessary)			Nicknames, Aliases, Etc. Used (Full Name) (Attach separate sheet if necessary)		
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Race	Date of Birth	Social Security Number		Other Social Security Numbers Used <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes attach details.)
<b>Physical Address</b>					
Address		City	County	State	ZIP
Length of time at this Address: Year(s)      Month(s)		Home Phone Number (      )	Cell Phone Number (      )	Email Address	
<b>Mailing Address (if different from Physical Address)</b>					
Address		City	State	ZIP	
Have you ever been denied a Marijuana license, withdrawn a Marijuana license application or had any disciplinary action taken against any Marijuana license that you have held, either individually or as part of an ownership group, in this or any other jurisdiction? (Do not include patient information) <input type="checkbox"/> Yes <input type="checkbox"/> No      *If "Yes", indicate license type and number here:					
Are you delinquent in the filing of any tax return with any taxing agency anywhere? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you delinquent in the payment of any taxes, interest, or penalties due to any taxing agency anywhere? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you delinquent in the payment of any child support? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you, in the past 2 years, ever been arrested, served a criminal summons, charged with, or convicted of ANY crime? <input type="checkbox"/> Yes <input type="checkbox"/> No					
* If you answered YES to any of the questions above, give details on separate sheet. Attach any documents to prove your settlement on any of these issues. You must resolve any delinquencies prior to being issued a Colorado medical marijuana occupational license. For any arrests in the past 2 years, you must provide the disposition for those arrests.					
<b>Affirmation &amp; Consent</b>					
I, _____, state under Penalty for offering a false instrument for recording pursuant to 18-5-114 C.R.S. that the entire Support License Application Form, statement, attachments, and supporting schedules are true and correct to the best of my knowledge and belief, and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue a Marijuana license by the State Licensing Authority. Further, I am aware that later discovery of an omission or misrepresentation made in the above statements may be grounds for the denial of a temporary Marijuana application or the revocation of the license. I am voluntarily submitting this application to the Colorado Marijuana Licensing Authority under oath with full knowledge that I may be charged with perjury or other crimes for intentional omissions and misrepresentations pursuant to Colorado law or for offering a false instrument for recording pursuant to 18-5-114. I further consent to any background investigation necessary to determine my present and continuing suitability and that this consent continues as long as I hold a Colorado Marijuana license, and for 90 days following the expiration or surrender of such Marijuana license. Note: If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your banking account electronically.					
<b>Print your Full Legal Name Below</b>					
Legal Last Name (Please Print)		Legal First Name		Legal Middle Name	
Signature				Date	



## Affidavit - Restrictions on Public Benefits

I, \_\_\_\_\_, swear or affirm under penalty of perjury under the laws of the State of Colorado that **(check one)**:

- ☐ I am a United States citizen.
- ☐ I am not a United States citizen but I am a Permanent Resident of the United States.
- ☐ I am not a United States citizen but I am lawfully present in the United States pursuant to Federal law.
- ☐ I am a foreign national not physically present in the United States.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature

Date

# Investigation Authorization

## Authorization to Release Information

I, \_\_\_\_\_, as an authorized agent for the applicant, hereby authorize the Colorado Marijuana Licensing Authority, the Marijuana Enforcement Division, (hereafter, the Investigatory Agencies) to conduct a complete investigation into my personal background, using whatever legal means they deem appropriate. I hereby authorize any person or entity contacted by the Investigatory Agencies to provide any and all such information deemed necessary by the Investigatory Agencies. I hereby waive any rights of confidentiality in this regard. I understand that by signing this authorization, a financial record check may be performed. I authorize any financial institution to surrender to the Investigatory Agencies a complete and accurate record of such transactions that may have occurred with that institution, including, but not limited to, internal banking memoranda, past and present loan applications, financial statements and any other documents relating to my personal or business financial records in whatever form and wherever located. I understand that by signing this authorization, a financial record check of my tax filing and tax obligation status may be performed. I authorize the Colorado Department of Revenue to surrender to the Investigatory Agencies a complete and accurate record of any and all tax information or records relating to me. I authorize the Investigatory Agencies to obtain, receive, review, copy, discuss and use any such tax information or documents relating to me. I authorize the release of this type of information, even though such information may be designated as "confidential" or "nonpublic" under the provisions of state or federal laws. I understand that by signing this authorization, a criminal history check will be performed. I authorize the Investigatory Agencies to obtain and use from any source, any information concerning me contained in any type of criminal history record files, wherever located. I understand that the criminal history record files contain records of arrests which may have resulted in a disposition other than a finding of guilt (i.e., dismissed charges, or charges that resulted in a not guilty finding). I understand that the information may contain listings of charges that resulted in suspended imposition of sentence, even though I successfully completed the conditions of said sentence and was discharged pursuant to law. I authorize the release of this type of information, even though this record may be designated as "confidential" or "nonpublic" under the provisions of state or federal laws.

The Investigatory Agencies reserve the right to investigate all relevant information and facts to their satisfaction. I understand that the Investigatory Agencies may conduct a complete and comprehensive investigation to determine the accuracy of all information gathered. However, the State of Colorado, Investigatory Agencies, and other agents or employees of the State of Colorado shall not be held liable for the receipt, use, or dissemination of inaccurate information. I, on behalf of the applicant, its legal representatives, and assigns, hereby release, waive, discharge, and agree to hold harmless, and otherwise waive liability as to the State of Colorado, Investigatory Agencies, and other agents or employees of the State of Colorado for any damages resulting from any use, disclosure, or publication in any manner, other than a willfully unlawful disclosure or publication, of any material or information acquired during inquiries, investigations, or hearings, and hereby authorize the lawful use, disclosure, or publication of this material or information. Any information contained within my application, contained within any financial or personnel record, or otherwise found, obtained, or maintained by the Investigatory Agencies, shall be accessible to law enforcement agents of this or any other state, the government of the United States, or any foreign country.

**Print your Full Legal Name clearly below:**

Legal Last Name (Please Print)	Legal First Name	Legal Middle Name
Signature		Date